

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional): 086016-0034

In re Application of: Tara Lynn BIELSKI, et al.

Application Number 10/800,031 / Conf. # 6868

Filed March 15, 2004

 For NOVEL ORALLY ADMINSTRABLE FORMULATION OF NITROFURANTOIN
AND A METHOD FOR PREPARING SAID FORMULATION

Art Unit 1615

Examiner P. BARHAM

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|---------------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ <u>1,110.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ **The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500417.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ **attorney or agent of record. Registration Number: 52,392**

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 15, 2010

Date

212.547.5400

Telephone Number


Signature

Paul M. Zagar

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.